Washington State Department of Social & Health Services

COMMUNITY MENTAL HEALTH SERVICES

APPLICATION FOR LICENSE

PROVIDER NAME	LEGAL ENTITY

ADDRESS	CITY	STATE	ZIP CODE

ADMINISTRATOR'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)

☐ Governmental ☐ Proprietory ☐ Other

COMMUNITY SUPPORT SERVICES APPLIED FOR: (NON-RESIDENTIAL) CHECK APPLICABLE BOX(ES).

☐ Emergency Crisis Intervention Services - WAC 388-865-0452

☐ Case Management Services - WAC 388-865-0456

☐ Psychiatric Treatment, including Medication Supervision - WAC 388-865-0458

☐ Counseling and Psychotherapy Services - WAC 388-865-0460

☐ Day Treatment - WAC 388-865-0462

☐ Consumer Employment Services - WAC 388-865-0464

CURRENT LICENSE STATUS

☐ New

☐ Renewal

NUMBER OF ANNUAL CONSUMER SERVICE HOURS

☐ **CRISIS TELEPHONE SERVICES ONLY - WAC 388-865-0454 (Non-Community Support)**

DEPARTMENT OF HEALTH LICENSE NUMBER	TYPE OF LICENSE	EXPIRATION DATE

LIST ONLY THOSE RESIDENTIAL SERVICES WHERE APPLICANT PROVIDES BOTH THE FACILITY AND THE MENTAL HEALTH CARE.

DECLARATION

This application for licensure signifies readiness of the provider to meet the requirements of the laws of Washington State and the Washington Administrative Code including Revised Code of Washington (RCW) 71.05, 71.24, 71.34 and WAC 388-865. I declare that the information given in this application is true to the best of my knowledge and belief.

ADMINISTRATOR'S SIGNATURE	DATE	ADMINISTRATOR'S NAME AND TITLE

GOVERNING BODY SIGNATURE	DATE	GOVERNING BODY NAME AND TITLE

REGIONAL SUPPORT NETWORK (RSN) APPROVAL

My signature represents Regional Support Network approval of this application. I will notify the department of observations that this provider may not be in compliance with licensing requirements.

NON-RSN COUNTY OR RSN REVIEWER'S SIGNATURE	DATE	NON-RSN COUNTY OR RSN REVIEWER'S NAME AND TITLE